

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

28578

1. PLACE OF DEATH

County Jasper Registration District No. 408 File No. _____
 Township Madison Primary Registration District No. 3020 Registered No. _____
 City Carthage (No. _____) St. _____ Ward _____

2. FULL NAME

Violet B. Kerr
 (a) Residence, No. 325-7 Garrison St. Ward _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ann E. Kerr</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 3, 1899</u>		
7. AGE <u>91</u>	YEARS <u>11</u>	MONTHS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Court House Ohio</u>
10. Date deceased last worked at this occupation (month and year)		13. NAME <u>A. Bush</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Court House Ohio</u>		15. MAIDEN NAME <u>Violet Arnold</u>
17. INFORMANT (ADDRESS) <u>H. E. Kerr Gold, Kansas</u>		16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Court House Ohio</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington, Iowa</u> DATE <u>Aug. 19, 1931</u>		19. UNDERTAKER (ADDRESS) <u>Knell Mortuary Carthage, Missouri</u>
20. FILED <u>8/17</u> 19 <u>31</u>		REGISTRAR <u>H. K. Kitchell</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1927, to Aug 16, 1931
 I last saw him alive on Aug 15, 1931. Death is said to have occurred on the date stated above, at 3:25 p.m.
 The principal cause of death and related causes of importance were as follows:
Ataxis Sclerosis
Fracture of neck left femur July 30
from fall on floor July 31
 Other contributory causes of importance:
1867
1928
97

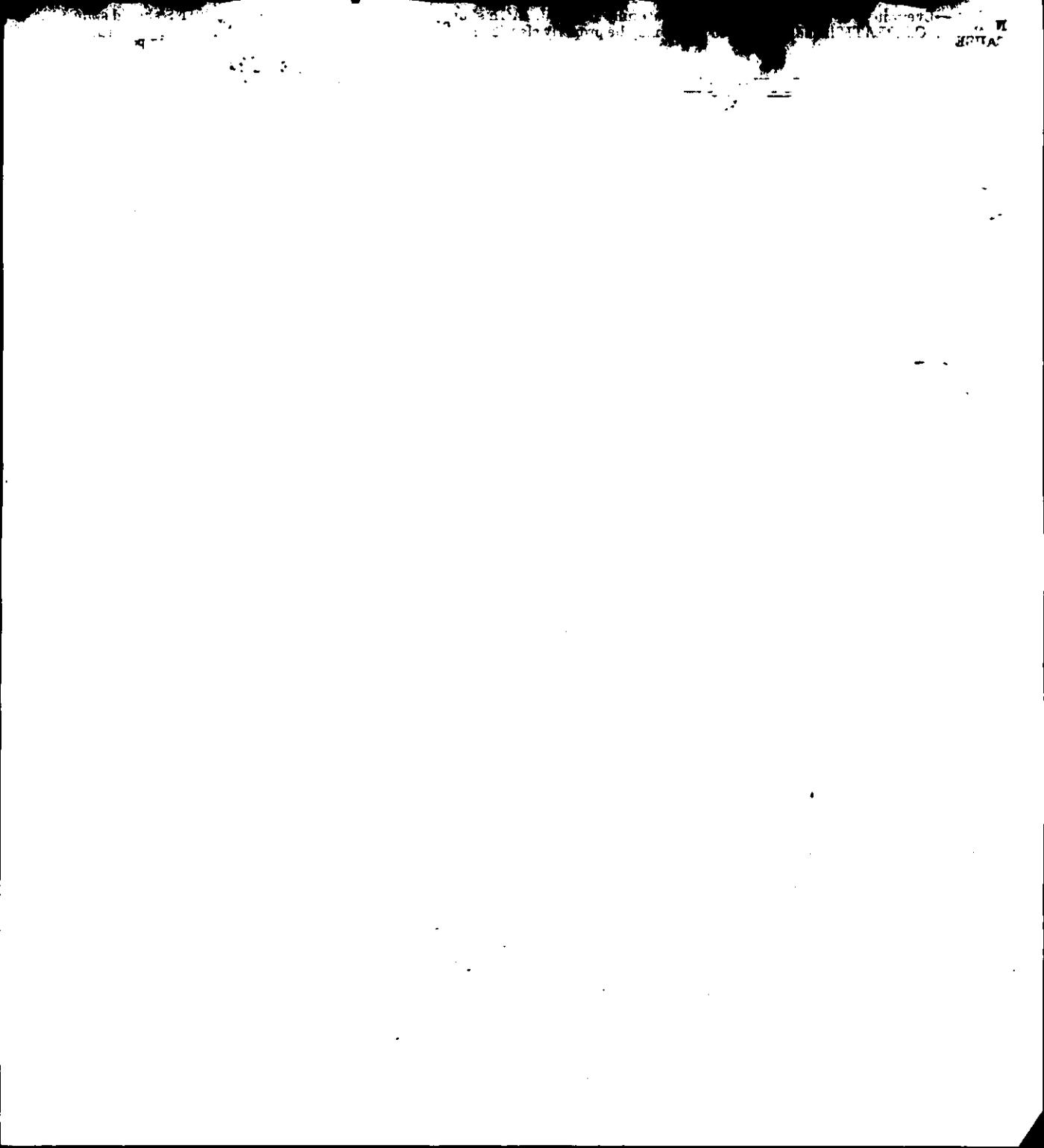
Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide. Accident Date of injury July 30, 1931
 Where did injury occur? Carthage, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury fall on floor
 Nature of injury fracture neck left femur

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) R. H. Webster, M. D.
 (Address) Carthage, Mo.

N. B.—Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in full. AGE should be properly classified. Exact statement of OCCUPATION is very important.

SEP 22 1931



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jasper Registration District No. 408 File No.
 Township Primary Registration District No. 3020 Registered No.
 City Carthage (No.) St. Ward)

2. FULL NAME

Violet B. Kern
 (a) Residence. No. St. Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14.

INFORMANT (Address)

15.

FILED 10/5 1931 E. Hetchum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 16 1931

17. I HEREBY CERTIFY That I attended deceased from 19..... to 19..... that I last saw h. alive on 19....., and that death occurred, on the date stated above, at

THE CAUSE OF DEATH WAS AS FOLLOWS:

Interfering arteriosclerosis
Due to extreme age
just after a severe abdominal
fracture of neck of
left femur from fall
from floor

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? 1931

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)....., M. D.

, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

20. UNDERTAKER ADDRESS

N. B. - By the Board of Health, Missouri, it is provided that any physician who shall fail to supply the information required by this certificate shall be liable to a fine of not more than \$100.00. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. REGISTRARS SHALL NOT CERTIFICATE UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-28578